

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

IN RE: **CITY OF MCFARLAND**  
Water System No. 1510013

TO: Mr. Mario Gonzales, Public Works Director  
City of McFarland  
401 West Kern Avenue  
McFarland, CA 93250

CC: Kern County Environmental Health Services Department

**CITATION FOR NONCOMPLIANCE**  
**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**  
**December 2012**

Issued on February 15, 2013

Section 116650, Chapter 4, Part 12, Division 104 of the California Health and Safety Code (CHSC), authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act, or any regulation, standard, permit, or order issued hereunder.

**VIOLATION**

The Drinking Water Field Operations Branch of the Department of Public Health (hereinafter 'Department') hereby issues a Citation to City of McFarland (hereinafter 'City'), for failure to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically, the City

1 (mailing address: 401 West Kern Avenue, McFarland, CA 93250) failed to comply with  
2 the total coliform Maximum Contaminant Level (MCL) for the month of December 2012.

3

4 Section 64426.1(b)(2) specifies that a public water system collecting fewer than 40 samples  
5 per month is in violation of the total coliform MCL when more than one sample collected  
6 during any month is total coliform-positive. The City is required to collect a minimum of  
7 four (4) distribution system bacteriological samples per week. The bacteriological water  
8 analysis results submitted by the City reported the presence of total coliform bacteria in six  
9 (6) of twenty-seven (27) samples collected by the City in December 2012. None of the  
10 positive samples showed the presence of fecal coliform or *E. coli* bacteria.

11

12 Upon being informed of the presence of total coliform bacteria in three routine samples  
13 collected on December, 19, 2012, City staff collected nine (9) repeat samples on December  
14 21, 2012. Three (3) of the repeat samples showed the presence of total coliform bacteria.  
15 Two (2) additional repeat samples were collected on December 26, 2012. These repeat  
16 samples were both negative for total coliform bacteria. Due to the above-mentioned total  
17 coliform positive samples, the City failed the total coliform MCL for the month of  
18 December 2012. All distribution water samples for coliform bacteria collected during  
19 December 2012 are summarized in Attachment A.

20

21 The cause of the contamination is unknown, however, the source of contamination appears  
22 to be Well 06. The City provides for continuous chlorination of the distribution system, but  
23 the City indicated that the chlorinator at Well 06 was down for a period of time during  
24 December, 2012. The City conducts routine monitoring from all its active wells. Sampling  
25 from Well 06 was conducted on December 5, 2012 and December 21, 2012, and the  
26 concentrations of total coliforms reported were 2 MPN/100mL and >200.5 MPN/100mL,  
27 respectively. Both samples were negative for fecal coliform bacteria. According to the

1 City, Well 06 was taken offline after results from the December 21, 2012 sampling were  
2 received. The Garzoli Well was the only other well online during the month of December.  
3 Results from the Garzoli Well sampling on December 19, 2012 were negative for both total  
4 coliform and fecal coliform bacteria. All source water samples for coliform bacteria  
5 collected during December 2012 are summarized in Attachment B.

6

7 The above violation is classified as a non-continuing violation.

8

9 **NOTIFICATION REQUIREMENTS**

10 Section 64426.1(c) requires a public water system to notify the Department and the  
11 consumers of the water system, when a violation of the total coliform MCL occurs.  
12 Notification to the Department shall be by the end of the business day on which the  
13 violation has been determined. If the Department is closed, notification shall be within 24  
14 hours of the determination. The Department was not notified by the City in accordance  
15 with the above-referenced section.

16

17 A Tier 2 Public Notice for violations of paragraphs 64426.1(b)(2) shall be given pursuant to  
18 Section 64463.4 [lists method, time-frame and delivery] and 64465 [content & format].  
19 The Tier 2 Public Notice shall include the mandatory health effects language from  
20 Appendix 64465-A for a total coliform MCL failure.

21

22 Section 64463.4 allows community water systems to use mail or direct delivery to each  
23 customer and the use of one or more of the following methods: publication in a daily or  
24 weekly newspaper, posting the public notice in a conspicuous public place within the water  
25 system or on the internet, or by delivery to community organizations. The City may publish  
26 the public notice once in a daily or weekly newspaper available in the general service area.

27

1 Section 116450(g) requires that upon receipt of notification from a public water system,  
2 schools must notify school employees, students, and parents (if the students are minors),  
3 residential rental property owners or managers (including nursing homes and care facilities)  
4 must notify their tenants and business property owners, managers or operators must notify  
5 employees of businesses located on the property. These secondary notification  
6 requirements are also included in the public notice.

7

8 Notification of the public was conducted on February 4, 6, and 7, 2013, advising each  
9 customer of the failure of the total coliform MCL during the month of December 2012. A  
10 copy of the notice that was mailed to each customer is provided as Attachment C. Proof of  
11 Notification is provided as Attachment D.

12

13 **DIRECTIVES**

14

15 The City is hereby directed to take the following actions:

16

17 1. The City shall notify the Department of any further violations of the total coliform  
18 MCL by the end of the business day on which the violation has been determined, or,  
19 if the Department is closed, within 24 hours of the determination.

20

21 2. By March 15, 2013, the City shall complete and submit the enclosed "Positive  
22 Total Coliform Investigation" form to the Department that describes the incident  
23 and all corrective actions taken, and the results of the investigation. The appropriate  
24 investigation report is provided as Attachment E.

25

26

27

1    **CIVIL PENALTIES**

2    Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty  
3    for failure to comply with requirements of the California Safe Drinking Water Act. Failure  
4    to comply with any provision of this Citation may result in the Department imposing an  
5    administrative penalty of not less than \$100 (one hundred dollars) per day as of the date of  
6    violation of any provision of this Citation.

7

8

9

10    February 15, 2013

11    Date

*Tricia A. Wathen*

Tricia A. Wathen, P.E.  
Senior Sanitary Engineer, Visalia District  
DRINKING WATER FIELD OPERATIONS BRANCH

13    TAW/SF

14    **Attachments:**

- 15    Attachment A:      Summary of Bacteriological Distribution Samples collected in December 2012  
16    Attachment B:      Summary of Bacteriological Source Samples collected in December 2012  
17    Attachment C:      Public Notice  
18    Attachment D:      Proof of Notification Form  
19    Attachment E:      Positive Coliform Investigative Report

20    03-12-13C-007-1510013-22 TCRMCL Dec-2012Cit ID2-8-13



# Bacteriological Distribution Monitoring Report

**1510013 City of McFarland**

*Distribution System Freq: 4/W*

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
12/1/2012	13 samples	A	A			Routine	0.3-0.8				
12/19/2012	349 Harlow	P	A			Routine	0.4				
12/19/2012	317 Mt Arbor	P	A			Routine	0.5				
12/19/2012	445 San Juan	P	A			Routine	0.4			MCL	
12/21/2012	445 San Juan	<1.0	<1.0			Repeat	0.4				
12/21/2012	435 San Juan	<1.0	<1.0			Repeat	0.5				
12/21/2012	455 San Juan	<1.0	<1.0			Repeat	0.4				
12/21/2012	325 Mt Arbor	30.6	<1.0			Repeat	0.0				
12/21/2012	349 Harlow	<1.0	<1.0			Repeat	0.5				
12/21/2012	317 Mt Arbor	19.2	<1.0			Repeat	0.07				
12/21/2012	608 Kern	50.4	<1.0			Repeat	0.01				
12/21/2012	341 Harlow	<1.0	<1.0			Repeat	0.4				
12/21/2012	230 Harlow	<1.0	<1.0			Repeat	0.6				
12/26/2012	325 Mt Arbor	<1.0	<1.0			Repeat	0.5				
12/26/2012	668 W. Kern Ave	<1.0	<1.0			Repeat	0.7				

*Violation Key*

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported

## Source Bacteriological Monitoring Report

**1510013 City of McFarland**

Sample Date	Time	Source	Sample Type	Test Method	T Coli	E Coli	F Coli	HPC	Violation	Comments
12/5/2012	13:40	Well 6	Well	MPN	2	<1.0				
12/19/2012	12:50	Garzoli Well	Well	MPN	<1.0	<1.0				
12/21/2012	15:55	Well 6	Well	MPN	>200.5	<1.0				

## IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.  
Tradúzcalo o hable con alguien que lo entienda bien.

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### City of McFarland Had Levels of Coliform Bacteria Above the Drinking Water Standard

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Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took thirty-one (31) samples to test for the presence of coliform bacteria in December 2012. Six (6) of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria.

#### **What should I do?**

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

#### **What happened? What is being done?**

The chlorinator went down and as a result of that our samples showed presence of bacteria. The City of McFarland replaced the chlorinator within twenty four (24) hours and subsequent (follow-up) sampling did not show the presence of coliform bacteria in any of the samples.

For more information, please contact Mario Gonzales at 661-792-3091 or at the following mailing address:  
401 West Kern Avenue, McFarland, CA 93250.

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.*

#### **Secondary Notification Requirements**

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by the City of McFarland. Date distributed: 02/06/2013 & 02/07/2013.  
(Hand delivered)

# Información Importante Sobre Su Agua Potable

## La Ciudad de McFarland Tuvo Niveles de Coliformes Bacteriales Sobre el Estándar de Agua Potable

Nuestro sistema de agua recientemente falló un estándar de agua potable. Aunque el incidente no es una emergencia como nuestros clientes usted tiene el derecho de saber lo que tiene que hacer, lo que pasó, y lo que hicimos para resolver el problema.

Nosotros supervisamos rutinariamente que no haya contaminantes en el agua potable. En Diciembre 2012 nosotros tomamos treinta-una (31) muestras para detectar si había presencia de coliformes bacteriales en el agua potable. De estas treinta-una muestras seis (6) muestras demostraron la presencia de coliformes bacteriales. El estándar es que no más de una muestra por mes demostrar la presencia de coliformes bacteriales.

### ¿Qué tengo que hacer?

- Usted no tiene que hervir el agua o tomar otras acciones correctivas.
- Esto no es una emergencia. Si hubiera sido usted hubiera sido notificado inmediatamente. El total de coliformes bacteriales generalmente no son perjudiciales. Coliformes son bacterias que están naturalmente presentes en el medio ambiente y se utilizan como un indicador de que otra bacterias; potencialmente perjudiciales, pueden estar presentes. Los coliformes bacteriales fueron descubiertos en más de una muestra permitida y esto fue una advertencia de problemas potenciales.
- Usualmente, coliformes son una señal de que puede haber un problema con el tratamiento o el sistema de distribución (las pipas). Cuando se detecta coliformes bacteriales en cualquier muestra, nosotros seguimos a las pruebas para ver si otras bacterias de mayor preocupación, como coliformes fecales o E. coli están presentes. No encontramos ninguna de estas bacterias en nuestras pruebas posteriores.
- Personas severamente inmunocomprometidas, infantes y ancianos pueden estar en mayor riesgo. Estas personas deben buscar consejo sobre el consumo de agua con sus proveedores de atención médica. Orientaciones generales sobre maneras de disminuir el riesgo de infección de microbios están disponibles por EPA's Safe Drinking Water Hotline al 1-800-426-4791.
- Si usted tiene otros problemas de salud sobre el consumo de esta agua, puede consultar a su médico.

### ¿Qué paso? ¿Qué se está haciendo?

La máquina de clorado se descompuso y como resultado no bajo suficiente cloro y por esta razón nuestras muestras mostraron presencia de bacterias. En menos de veinticuatro (24) horas La Ciudad de McFarland sustituyó el clorador y las muestras posteriores de seguimiento no mostraron la presencia de coliformes bacteriales.

Para más información por favor de ponerse en contacto con Mario Gonzales al 661-792-3091 o por correo a 401 W. Kern Avenue, McFarland, CA 93250.

Por favor de compartir con otras personas quienes beben esta agua especialmente las personas que no hayan recibido esta notificación directamente (por ejemplo, personas que viven en apartamentos, hogares de ancianos, escuelas, y negocios). Pueden compartir esta notificación mediante la publicación de este aviso público en un lugar público o distribuyendo copias a mano o por correo.

### Requisitos secundarios de notificación

Al recibir la notificación de una persona que opera un sistema público de agua, la notificación tiene que ser entregada dentro de 10 días (Health and Safety Code Section 116450(g)):

- Escuelas: Tienen que notificar a trabajadores, estudiantes, y padres (si los estudiantes son menores de edad).
- Propietarios Residenciales de Alquiler o Manejadores (incluyendo hogares de ancianos o centros de atención): Tienen que notificar a los inquilinos.
- Dueños de negocios, Manejadores, u Operadores: Tienen que notificar a empleados de negocios localizados en la propiedad.

Esta notificación fue enviada de parte de La Ciudad de McFarland

**PROOF OF NOTIFICATION**  
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the City of McFarland of the failure to meet the **total coliform bacteria MCL** for the month of December 2012 as directed by the Department. At least one primary distribution method is required: mail, hand-delivery or newspaper publication. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or newspaper publication (renters, nursing home patients, prison inmates, etc.):

Notification was made on 2/4/13 2/6/13 & 2/7/13  
(date)

To summarize report delivery used and good-faith efforts used, please check all items below that apply and fill-in where appropriate:

- The notice was distributed by mail delivery to each customer served by the water system.
- The notice was distributed by direct delivery to each customer served by the water system.  
Specify direct delivery method(s) used: Explorers hand delivered this notice to customers
- Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).
- Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations). City Hall, Palace Market, Ranchito Market
- Posted the notice on the Internet at www.
- Other method used to notify customers. \_\_\_\_\_

**DISCLOSURE:** Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Certified by Name and Title: Mario Gonzales, Public Works Director

Date: 2/11/13 Signature: Mario Gonzales

Due to the Dept. of Health Services within 10 days of notification to the public  
Total Coliform MCL Failure / Enforcement Action No.: In progress



# POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

## ADMINISTRATIVE INFORMATION

PWS Name:	PWSID NUMBER:		
Name	Address	Telephone #	
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

## INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If you provide continuous chlorination treatment, was there any equipment failure? Did the distribution system maintain a chlorine residual?					
a. Was emergency chlorination initiated?					
b. If yes, for how long?					

# POSITIVE TOTAL COLIFORM INVESTIGATION

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TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
2. Did the distribution system lose chlorine residual?				
3. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes., When?				
4. Inspect each point where disinfectant is added and report				
a. For hypochlorinator systems				
1. Is the disinfectant feed pump feeding disinfectant?				
2. What is the feed rate of disinfectant in ml/minute				
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOCl)				
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)				
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?				
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?				
7. What is the <b>total</b> chlorine residual measured immediately downstream from the point of application?				
8. What is the <b>free</b> chlorine residual measured immediately downstream from the point of application?				
9. What is the contact time in minutes from the point of disinfectant application to the first customer?				

STORAGE	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?				
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?				
3. Is the overflow on each tank screened?				
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?				
5. Is the roof/cover of the tank sealed and free of any leaks.				
6. Is the tank above ground or buried.				
a. If buried or partially buried, are there provisions to direct surface water away from the site.				
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?				
8. Does the tank "float" on the distribution system or are there separate inlet and outlet				

# POSITIVE TOTAL COLIFORM INVESTIGATION

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STORAGE	TANK (name)	TANK (name)	TANK (name)	COMMENTS
lines?				
9. What is the <b>measured</b> chlorine residual (total/free) of the water exiting the storage tank <b>today</b> ?				
10. What is the volume of the storage tank in gallons?				
11. Is the tank baffled?				
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?				

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

## POSITIVE TOTAL COLIFORM INVESTIGATION

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SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an <u>exterior</u> location or is it protected by an <u>enclosure</u> ?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny),				

<b>GENERAL OPERATIONS:</b>	<b>Response</b>
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC+ findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

## **POSITIVE TOTAL COLIFORM INVESTIGATION**

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### **ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS**

1. Sketch of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

**SUMMARY:** BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL,  
**WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER  
SYSTEM?**

**CERTIFICATION:** I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS  
ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_